

4011

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		1939	
1. PLACE OF DEATH		County <u>Yavapai</u> State <u>ARIZONA</u>		State File No. <u>78</u>	
Township <u>Jerome</u>		City <u>Jerome</u> or Village <u>United Verde Hospital</u>		Registered No. <u>78</u>	
Length of residence in city or town where death occurred <u>2</u> yrs. <u>2</u> mos. <u>2</u> ds.		How long in U. S. of foreign birth? <u>57</u> yrs. <u>5</u> mos. <u>5</u> ds.		How long in State when death occurred? <u>57</u> yrs. <u>5</u> mos. <u>5</u> ds.	
2. FULL NAME <u>Mattie Lacy Van Doren</u>		(a) Residence: No. <u>Jerome</u> (Usual place of abode)		St. <u>Ariz</u> (If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed or divorced <u>HUSBAND</u> (or) WIFE of <u>Robert Lee Van Doren</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 18 - 1875</u>					
7. AGE Years <u>63</u> Months <u>12</u> Days <u>26</u> If LESS than 1 day, hrs. <u>or</u> min. <u>or</u> min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Birmingham</u> (State or Country) <u>Ariz</u>					
13. NAME <u>John Mason</u>					
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)					
17. INFORMANT <u>Earl Van Doren</u> (Address) <u>Jerome Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jerome</u> Date <u>July 16 - 1939</u>					
19. EMBALMER License No. <u>4137</u> Signature <u>Robert K. Hillman</u> FUNERAL DIRECTOR <u>Robert K. Hillman</u> Address <u>Jerome Arizona</u>					
20. Filed <u>July 14</u> 19 <u>39</u> Registrar <u>Robert K. Hillman</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 14, 1939</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 13</u> , 19 <u>39</u> , to <u>July 14</u> , 19 <u>39</u> . I last saw her alive on <u>July 14</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>4:25 pm</u> .					
The principal cause of death and related causes of importance were as follows: <u>Diabetes mellitus</u>					
Other contributory causes of importance: <u>Acidosis</u> <u>Diabetic coma</u>					
Name of operation <u>Clinical</u> Date of <u>7-13-39</u>					
What test confirmed diagnosis? <u>Diabetic coma</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>No</u>					
Where did injury occur? <u>No</u> (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>No</u>					
Nature of injury <u>No</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>Robert K. Hillman</u> (Signed) <u>Robert K. Hillman</u> M. D. (Address) <u>Jerome Ariz</u>					